

County: Columbia
 WISCONSIN DELLS HEALTH/REHABILITATION CENTER
 300 RACE STREET

Facility ID: 2350

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WISCONSIN DELLS 53965 Phone:(608) 254-2574
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 90
 Total Licensed Bed Capacity (12/31/02): 90
 Number of Residents on 12/31/02: 81

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 88

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			38.3
Supp. Home Care-Personal Care	No						More Than 4 Years			40.7
Supp. Home Care-Household Services	No		Developmental Disabilities	1.2	Under 65	2.5				21.0
Day Services	No		Mental Illness (Org./Psy)	22.2	65 - 74	13.6				-----
Respite Care	No		Mental Illness (Other)	4.9	75 - 84	33.3				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	48.1				*****
Adult Day Health Care	Yes		Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.5				Full-Time Equivalent
Congregate Meals	No		Cancer	1.2		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	6.2		100.0				(12/31/02)
Other Meals	No		Cardiovascular	7.4	65 & Over	97.5				-----
Transportation	No		Cerebrovascular	13.6		-----				RNs 17.8
Referral Service	No		Diabetes	0.0	Sex	%				LPNs 9.3
Other Services	Yes		Respiratory	14.8		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	28.4	Male	42.0				Aides, & Orderlies 42.1
Mentally Ill	No			-----	Female	58.0				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per	No.	%	Per	No.	%	Per	No.	%	Per	No.	%	Per	No.	%	Per	Total Resi- dents	% Of All		
			Diem (\$)			Diem (\$)			Diem (\$)			Diem (\$)			Diem (\$)			Diem (\$)			Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Skilled Care	13	100.0	200	56	98.2	102	0	0.0	0	11	100.0	163	0	0.0	0	0	0.0	0	80	98.8		
Intermediate	---	---	---	1	1.8	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2		
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	13	100.0		57	100.0		0	0.0		11	100.0		0	0.0		0	0.0		81	100.0		

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								

		% Needing						Total		
Percent Admissions from:		Activities of		% Assistance of		% Totally		Number of		
		Daily Living (ADL)		Independent		One Or Two Staff		Residents		
Private Home/No Home Health		1.8	Bathing		8.6		66.7		24.7	81
Private Home/With Home Health		1.8	Dressing		22.2		53.1		24.7	81
Other Nursing Homes		2.5	Transferring		39.5		39.5		21.0	81
Acute Care Hospitals		90.8	Toilet Use		39.5		39.5		21.0	81
Psych. Hosp.-MR/DD Facilities		0.0	Eating		74.1		16.0		9.9	81
Rehabilitation Hospitals		0.0	*****							
Other Locations		3.1								
Total Number of Admissions		163	Continence		% Special Treatments				%	
Percent Discharges To:			Indwelling Or External Catheter		2.5		Receiving Respiratory Care		18.5	
Private Home/No Home Health		14.2	Occ/Freq. Incontinent of Bladder		54.3		Receiving Tracheostomy Care		0.0	
Private Home/With Home Health		19.5	Occ/Freq. Incontinent of Bowel		33.3		Receiving Suctioning		0.0	
Other Nursing Homes		4.1					Receiving Ostomy Care		2.5	
Acute Care Hospitals		35.5	Mobility				Receiving Tube Feeding		0.0	
Psych. Hosp.-MR/DD Facilities		0.6	Physically Restrained		0.0		Receiving Mechanically Altered Diets		33.3	
Rehabilitation Hospitals		0.0								
Other Locations		4.7	Skin Care				Other Resident Characteristics			
Deaths		21.3	With Pressure Sores		1.2		Have Advance Directives		91.4	
Total Number of Discharges			With Rashes		2.5		Medications			
(Including Deaths)		169					Receiving Psychoactive Drugs		53.1	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		97.8	85.1	1.15	88.5	1.10	86.7	1.13	85.1 1.15
Current Residents from In-County		29.6	75.4	0.39	72.5	0.41	69.3	0.43	76.6 0.39
Admissions from In-County, Still Residing		4.9	20.1	0.24	19.5	0.25	22.5	0.22	20.3 0.24
Admissions/Average Daily Census		185.2	138.3	1.34	125.4	1.48	102.9	1.80	133.4 1.39
Discharges/Average Daily Census		192.0	139.7	1.37	127.2	1.51	105.2	1.82	135.3 1.42
Discharges To Private Residence/Average Daily Census		64.8	57.6	1.12	50.7	1.28	40.9	1.58	56.6 1.15
Residents Receiving Skilled Care		98.8	94.3	1.05	92.9	1.06	91.6	1.08	86.3 1.14
Residents Aged 65 and Older		97.5	95.0	1.03	94.8	1.03	93.6	1.04	87.7 1.11
Title 19 (Medicaid) Funded Residents		70.4	64.9	1.08	66.8	1.05	69.0	1.02	67.5 1.04
Private Pay Funded Residents		13.6	20.4	0.66	22.7	0.60	21.2	0.64	21.0 0.65
Developmentally Disabled Residents		1.2	0.8	1.56	0.6	1.99	0.6	2.18	7.1 0.17
Mentally Ill Residents		27.2	30.3	0.90	36.5	0.74	37.8	0.72	33.3 0.81
General Medical Service Residents		28.4	23.6	1.20	21.6	1.31	22.3	1.27	20.5 1.39
Impaired ADL (Mean)		42.0	48.6	0.86	48.0	0.87	47.5	0.88	49.3 0.85
Psychological Problems		53.1	55.2	0.96	59.4	0.89	56.9	0.93	54.0 0.98
Nursing Care Required (Mean)		7.3	6.6	1.09	6.3	1.16	6.8	1.07	7.2 1.01